

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
**PSYCHIATRIC PROGRESS NOTES**

DATE: 6/20/05	TIME:
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst
Today vs Before	
No target sx's at this time	
N/A	
Medications:	Informed Consent
He is not on any medicines (psychotropics)	✓
Compliance: Inmate report % vs MAR	
In addition to the information in the tables above and below, then inmate-patient:	

S "I have no mental illness. The last time I even took any mental health medicine was some four years ago. I feel fine. I have no problems. I don't know why I am even seeing mental health for." Reports of sx's of mood, anxiety or thought, d/o. of thoughts to hurt

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	✓		denies of psychosis, PSI, PHI
Serious Depression	✓		denies of anxiety, PHA, paranoid
Self-Injurious Thoughts	✓		denies or depression noted. attempts in past
Suicidal intent	✓		Denies
Aggressive	✓		None noted / at present time.
Seriously Impulsive	✓		None noted
Situational Upset		✓	Re: being referred to mental health.

Lab info: None Labs Ordered: Labs Reviewed: AIMS:7

**ASSESSMENT/Diagnosis (DSM-IV)**  
None / No psychiatric Dx at this time.

**PLAN:** Im clinically stable. Exhibit of sx's or signs of mental illness at this time. Has not been on any psychotropic meds since 2001. Doing well clinically. Will see him on PRN basis at this time. Will keep RTC PRN.

Return to clinic: DR. BANERJEE Sign: [Signature]

Patient's Name: (Last, First, Middle)	Age	R/S	Code	Institution
Whight Richard	187/40	DM	HIST	Ventron

Disposition: Medical File

Discussed tx plan e, Im. He understands and agrees c TX plan. continue care, RTC PRN at this time.

ADOC AR 632, 633, 623, 615  
ADOC Form MH-025 March 2, 2005 HIST at present time

## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
5/31/05		<p>S- Im denies any MTH concerns/complaints. Im reports he has refused TB shots b/c he believed they "had ones all over my body and now my bones crack all the time. . . none of this happened until I started having too many TB shots." Im denies SI/HI.</p> <p>O- Oriented x3 w/ speech + thought WNL. No current overt signs of psychosis. Appropriate affect. Im tends to try and focus on complaint about officers and "due process." He is very concerned w/ his rights.</p> <p>A- Im has agreed to take TB shot. <del>no change to current code</del></p> <p>No change to current code recommendation.</p> <p>P- Refer to Mr Jenkins for monitoring</p>	
			Monica Carl PhD

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
WRIGHT, RICHARD	187 1410	4	B/M	VCF

DATE	TIME	NOTES	SIGNATURE
5/31/05		<p>S- Im denies any Mtt concerns/complaints. Im reports he has refused TB shots b/c he believed they "had ones all over my body and now my bones crack all the time. . . none of this happened until I started having too many TB shots." Im denies SI/HI.</p> <p>O- Oriented x3 w/ speech + thought WNL. No current overt signs of psychosis. Appropriate affect. Im tends to try and focus on complaint about officers and "due process." He is very concerned w/ his rights.</p> <p>A- Im has agreed to take TB shot. <del>imposed change to current code</del></p> <p>No change to current code recommendation.</p> <p>P- Refer to Mr Jenkins for monitoring.</p> <p style="text-align: right;">Monique Earl PhD</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
WRIGHT, RICHARD	187 1410	4	B/M	VCF

# INTE DISCIPLINARY PROGRESS NOT

SIGNATURE

TIME

NOTES

4

S: "I feel stressed!"  
 O: Inmate discussed recent problems he's had a security and related stress. MHP + Im reviewed deep muscle relax. ation + deep breathing to relax stress. Inmate also discussed problems related to security + MHP referred him back to ADOC as MHP has no influence regarding security issues.  
 A: Stable, clear, articulate.  
 P: MHP to refer to ADOC psych staff as inmate is code history.

B. Tellms

01/03/05

(S) Denies any MH needs / concerns

seen in rounds  
 see 8

(A) Polite, appropriate.

(A) & MH needs

(P) PT returned to availability of MH services in RAN

12/27/04

No major difficulty reported. No major signs of distress observed. He is "Code 1" history. He will be monitored by the DOC mental health team.  
 J. Jones / M. Haynes

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
			310	POCF

## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
3/26/04		TX team. Seen for initial Cod NX Code - Liver down hall	AEE
6/21/04		Note: Outpatient Review, S reported that he is making a good adjustment to BCF. At the time of the interview, he was not psychotic, anxious or depressed. His mental health code is history. He will continue to be monitored every ninety days.	Z. Perry / Mike Hayes
11/08/04		Seen a/t MHI referral from medical nurse - Pt in seg unit ⑤ Pt denies any MH concerns at this time. Off meds @ 20 months. Admits to pr c prayer. DSF DFI ⑥ Polite, calm ⑦ hx code ⑧ Continue to monitor in seg - offered MH services if needed	
11/23/04		Mental Health Disciplinary Z. Perry / Mike Hayes	
11/30/04	1040	⑤ Denies any MH concerns. Requests phone call home ⑥ Polite, compliant ⑦ stable ⑧ In i/wk	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	157140		3m	BCF

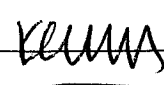
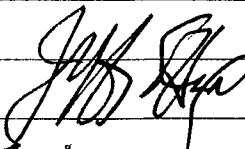


## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
		Inmate reports he wants to go to Hator to be closer to family. At present he taking classes in chapel & english class. MNP will speak w/ Mrs. Seals about the above. Later, I spoke with Mrs. Seals about the above. She pulled his card he had requested to go to Bldg or Eastwing. But now he want to go to Hator, classification will put in for transfer doing his review in Sept. O- polite, coherent, oriented to place & time. A- appear stable P- continue to monitor. Monthly contact. <span style="float: right;">Bennis - Lult</span>	<span style="float: right;">M.S. MNP</span>
15 Apr 04		Treatment Coordinator Notes Rec request from inmate regarding MN hold. Explain to him the above and inform him if nothing happen to send me another request to follow T. <span style="float: right;">Bennis - Lult</span>	<span style="float: right;">M.S. MNP</span>
16 Apr 04	2:55	Treatment Coordinator Notes Dutyst MNP forward this inmates name to treatment team to address MN hold. Monday 19 Apr 04 they will meet. <span style="float: right;">Bennis - Lult</span>	<span style="float: right;">M.S. MNP</span>

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	197140		13/ M	BOCA

## INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
June 26 <sup>th</sup>		sign-off NO med's x months SMS = 0 NO ON MEDS MIT	
			
8/18/08	5:	Pt comes to discuss angry feelings toward Doc pursuant to incident which he considers unfair. & requests methods & choices as to how to deal w/ them. O: Coherent. Bothered but not overly inluen he paranoid fears over macrobustic & angry A: Impulse Control disorders P: off med's - refused - leaves door open	
			
12 April 1:40		Treatment Coordinator Notes: A- MNP rec request slip hand delivered to me by Capt. Nettles Inmate is concern about a MN Hold. Inmate has not been on medication since 2003. Inmate reported that his classification stated he can't to have MN Hold.	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Wright, Richard	187140		B/M	BCCF

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
MENTAL HEALTH CONSULTATION TO DISCIPLINARY PROCESS

Inmate Name: Richard Wright AIS#: BM/187140  
Institution: BCCF Date of Disciplinary Report: Nov. 3, 2004

#31 Assault on Another Inmate

Is the inmate currently on the mental health caseload?

Yes

No

If Yes, referred for mental health evaluation/consultation on: November 8, 2004  
Mental Health Outpatient

HEARING OFFICER:

Hearing officer must refer the inmate for mental health consultation if the inmate appears unable to understand what the charge is and what might happen as a result of the charge or the inmate appears unable to actively participate in the hearing as suggested by the following:

Does the inmate know where he is?  
Is the inmate appropriately dressed?  
Does the inmate make sense?

Does the inmate know what date it is? Does inmate know why he is seeing hearing officer?  
Is inmate able to speak coherently? Does the inmate avoid eye contact?  
Are the inmate's statements logical and organized or unusual?

Should the inmate be referred for mental health evaluation of competency? Yes No  
-- If Yes, referred for mental health evaluation/consultation on: \_\_\_\_\_

MENTAL HEALTH STAFF:

Date request for consult received: 11-9-04 Date consult returned: 11-9-04

Is the inmate competent to participate in the hearing?  
If NO, why is the inmate not competent?

Yes

No

If NO, what treatment will assist the inmate in becoming competent?

Are there mental health issues that may have impacted inmate's behavior at the time of the charge?  
If YES, briefly describe the issues:

Yes

No

Are there mental health issues to be considered regarding disposition if the inmate is found guilty?  
If YES, briefly describe the issues and possible relation to the disposition:

Yes

No

Does mental health staff want to be present at the disciplinary hearing to provide input?

Yes

No

Mental Health Staff Member: Mike Hamme Phone Contact: 132

DISCIPLINARY HEARING:

Does the inmate appear to be competent to participate in the hearing?  
Have the mental health recommendations been considered?

Yes

No

Yes

No

Hearing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Name	AIS #
-------------	-------

ALDOC Form 466-01

5 of 5

AR 466 - December 11, 2001

was reviewed in the MH staff meeting and interviewed by me in the seg. unit. His thinking was clear. He was oriented to all spheres. He was able to explain his side of the incident. He can go to disciplinary court.

File: Mrs. Penn

for: MTHM

Mike Hamme 411



## PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: WR. GUT, RICHARD AIS #: 187140 R/S: B/M  
 Date: 5 / 22 / 96 DOB: 8 / 15 / 67 AGE: 28  
 Beta II: 96 WAIS: 1 / 1 WRAT-RL: 7.2 Last School Grade Completed: 12  
 MMPI Welsh Code: 448765'3920-1: Megargee Type: F-4/K:

## General Appearance

- \_\_\_\_ a. Neat and generally appropriate  
 \_\_\_\_ b. Poorly groomed  
IX e. Other (No PSI)  
EGGS OFF (ENTER)
- \_\_\_\_ c. Flat or avoiding interaction  
 \_\_\_\_ d. Sad or worried

## I. Interpersonal Functioning

- \_\_\_\_ a. Normal-good relationships likely  
 \_\_\_\_ b. Withdrawn / apparent loner  
 \_\_\_\_ c. Likely to ignore rights / needs  
 \_\_\_\_ d. Lacks skill or confidence  
 \_\_\_\_ e. Probably difficult to get along with  
 \*Other (Specify) \_\_\_\_ 1. \_\_\_\_ 2.  
 \_\_\_\_ 3. \_\_\_\_ 4. IX 5. \_\_\_\_ 6. (See Copy)

## II. Personality

- \_\_\_\_ a. Healthy  
 \_\_\_\_ b. Antisocial  
 \_\_\_\_ c. Paranoid  
IX d. Explosive  
 \_\_\_\_ e. Dependent  
 \_\_\_\_ f. Passive-Aggressive  
 Other (Specify): \_\_\_\_ 1. Schizoid \_\_\_\_ 2. Schizotypal \_\_\_\_ 3. Histrionic \_\_\_\_ 4. Narcissistic  
 \_\_\_\_ 5. Borderline \_\_\_\_ 6. Avoidant \_\_\_\_ 7. Compulsive \_\_\_\_ 8. Atypical/mixed  
 \_\_\_\_ 9. See Copy (Write in your wording)

## III. Substance Abuse

- IX a. Alcohol addiction / abuse history ADMITTED TO EXCESSIVE  
USE W/ ONSET OF MARITAL PROBLEMS IN  
1993.  
 \_\_\_\_ b. Drug addiction / abuse history

N-259

White to Central Records File  
 Yellow to Institutional File  
 Pink to Hospital Records

\*See manual for selections and numbers for "other"

- \_\_\_\_\_ c. Current use \_\_\_\_\_
- \_\_\_\_\_ d. Current addiction \_\_\_\_\_
- \*Other \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_
- \_\_\_\_\_ 9. (See Copy) \_\_\_\_\_

IV. Emotional Status

- \_\_\_\_\_ a. No significant problems
- \_\_\_\_\_ b. Depressed *Reactive*
- \_\_\_\_\_ c. Anxious or stressful \_\_\_\_\_
- \_\_\_\_\_ d. Angry or resentful \_\_\_\_\_
- \_\_\_\_\_ e. Confusion or psychotic symptoms *None*
- \_\_\_\_\_ f. Mood disturbances \_\_\_\_\_
- \_\_\_\_\_ g. Sexual maladjustment \_\_\_\_\_
- kk* \_\_\_\_\_ h. Paranoid ideation *REACTIVE*
- \_\_\_\_\_ i. Sleep / appetite disorder \_\_\_\_\_
- \*Other \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. *kk* \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_
- kk* \_\_\_\_\_ 9. (See Copy) *Reactive not psychosis*

V. Mental Deficiency

- |                   |                                       |
|-------------------|---------------------------------------|
| _____ a. Mild     | _____ d. Borderline                   |
| _____ b. Moderate | _____ e. Organic impairment suspected |
| _____ c. Severe   | _____ f. Memory deficit               |

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- VI. Management Problems      Ideation None
- \_\_\_\_\_ a. Suicide potential      Plans \_\_\_\_\_
- \_\_\_\_\_ History of attempts / gestures \_\_\_\_\_
- \_\_\_\_\_ b. Serious mental history (specify) \_\_\_\_\_
- \_\_\_\_\_ c. Impulsive / acting-out behaviors predicted \_\_\_\_\_
- \_\_\_\_\_ d. Authority conflict \_\_\_\_\_
- \_\_\_\_\_ e. Manipulative / untrustworthy \_\_\_\_\_
- \_\_\_\_\_ f. Easily victimized \_\_\_\_\_
- \_\_\_\_\_ g. Escape potential \_\_\_\_\_
- \_\_\_\_\_ h. Assaultiveness \_\_\_\_\_

\*Other 1. 2. 3. 4. 5. 6. 7. 8. 9. (See Copy)  
BURGLARY w/ VICTIM INJURY / ASSAULT

VII. Educational Needs

- \_\_\_\_\_ a. ABE      \_\_\_\_\_ b. Special Education      \_\_\_\_\_ c. Trade School      \_\_\_\_\_ d. Jr. College

VIII. Mental Health Needs

Date referred Month \_\_\_\_\_ Year \_\_\_\_\_

- \_\_\_\_\_ A. Refer to psychiatric service      \_\_\_\_\_ C. Depression      \_\_\_\_\_ K. Personal Development
- \_\_\_\_\_ B. Substance abuse counseling      \_\_\_\_\_ E. Sexual adjustment
- \_\_\_\_\_ D. Stress management      ✓ \_\_\_\_\_ G. Anger induced acting out
- ✓ \_\_\_\_\_ F. Reality therapy      \_\_\_\_\_ I. Self-concept enhancement
- \_\_\_\_\_ H. Values clarification      \_\_\_\_\_ J. Healthy use of leisure

RECOMMENDATIONS / REMARKS: Med. Custody at P.C.C.

Signature

Date

\*\*\*\* XMP1-2 ADU1: INTERPRETIVE SYSTEM \*\*\*\*

developed by

Roger L. Greene, Ph.D.  
Robert C. Brown, Jr., Ph.D.  
and PAR Staff

-- CLIENT INFORMATION --

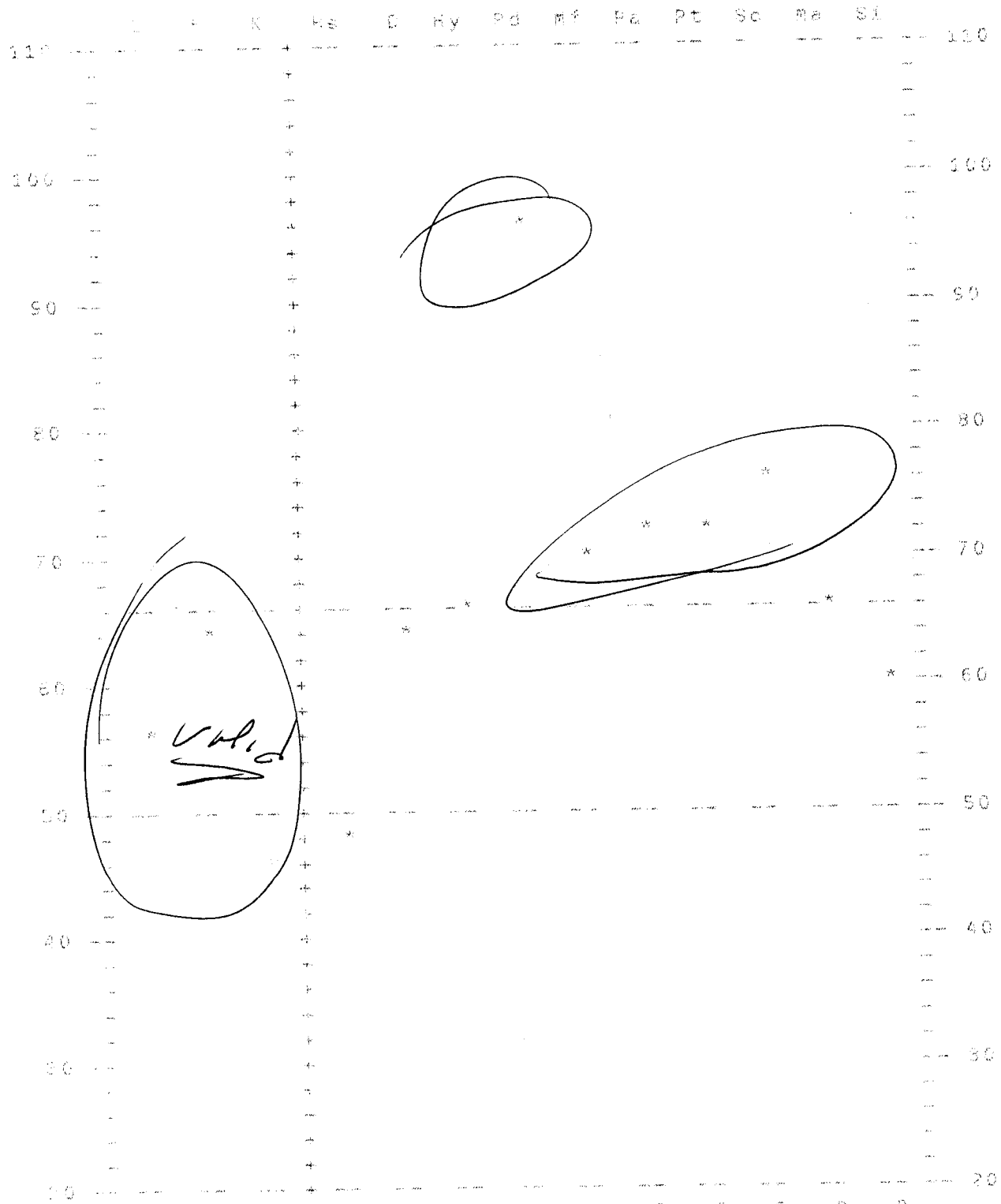
Client : WRIGHT, RICHARD Age : 28  
Sex : Male Marital Status :  
Education : Date of Birth : 08/15/67  
File Name : 187140

Prepared for: DEPARTMENT OF CORRECTIONS on 05/21/96

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual

2 INTERPRETIVE REPORT  
 CARD FOR: DEPARTMENT OF CORRECTIONS

-- MAPL-2 PROFILE FOR VALIDITY AND CLINICAL SCALES --



Scale: 96 64 43 48 64 66 95 70 72 72 73 65 60  
 (7) Items = 0

Test Code: 47070510520-11 P-L/R:

MMPI-2 INTERPRETIVE REPORT  
 PREPARED FOR: DEPARTMENT OF CORRECTIONS

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--- PROFILE MATCHES AND SCORES ---

Scale	Client Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:		4-8/6-4	None
Coefficient of Fit:		.81	
Scores:			
T (raw)	0		
L	56	51	
F	64	65	
K	45	46	
Ha (1)	48	61	
D (2)	64	66	
Hy (3)	66	60	
Pd (4)	95	83	
Mf (5)	70	51	
Pa (6)	72	69	
Pt (7)	72	69	
Sc (8)	75	82	
Ma (9)	65	63	
Si (10)	60	59	
Mean Clinical Elevation:			
	69	69	
Ave age-males:			
		28	
Ave age-females:			
		27	
% of male codetypes:			
		2.8%	
% of female codetypes:			
		3.0%	
% of males within codetype:			
		66.2%	
% of females within codetype:			
		33.8%	

Configural clinical scale interpretation is provided in the report for the following codetype(s):

4-8/6-4



## -- CONFIGURAL VALIDITY SCALE INTERPRETATION --

There is no information available for this configuration of scores for scales V, F, and K. Interpretation for each of the individual validity scales is presented below.

## -- VALIDITY SCALES --

## L (raw) = 0

Scores in this range reflect a relatively small number of unanswered items, which in and of itself should not have an impact on the validity of the profile.

## F T = 58

F scores in this range are usually obtained by individuals who generally respond frankly and openly to the test items and are willing to admit to minor faults.

## F T = 61

F scores in this range are considered to be moderately elevated and suggest the possibility of significant psychological and emotional problems. Individuals who obtain scores in this range are likely to be described as moody, changeable, dissatisfied, opinionated, restless, unstable, and self-critical.

## K T = 45

Scores in this range are typically obtained by individuals who exhibit an appropriate balance between self-disclosure and self-protection. These individuals usually are psychologically well adjusted and capable of dealing with problems in their daily lives. Scores in this range are also indicative of good ego strength, sufficient personal resources to deal with problems, a positive self-image, adaptability, and a wide range of interests. Prognosis for psychological intervention is generally good.

-- CONFIGURAL CLINICAL SCALE INTERPRETATION --

0-6/8-0 Codetype

Clinical Presentation:

It is important that measures of consistency and accuracy of item endorsement as well as other validity scales are within acceptable ranges. This codetype can result easily from either inconsistent or inaccurate patterns of item endorsement.

These individuals are often perceived by others as rather odd, peculiar, and unusual, both in terms of their thinking and behavior. This pattern may be a very long-term, characterologic condition or represent the onset of a psychotic process. Problems in logic and thinking should be ruled out. They exhibit poor judgment and are often unpredictable and impulsive. They are emotionally distant and have difficulty with close, emotional relationships.

These individuals see the world as dangerous and other people as rejecting and unreliable. They often feel resentful and angry, but have difficulty controlling or expressing their anger appropriately. They are resentful of authority and control and are often suspicious of the motives of others. They are expunitive and accept very little responsibility for their own problems and behavior. When crimes are committed by these individuals, they are often poorly planned and executed and may involve bizarre or violent behavior. Sexual deviation and promiscuity are possible.

These individuals are chronically maladjusted. Suicide attempts and substance abuse are quite frequent. In response to stress, these individuals are likely to either withdraw completely or act out their angry impulses. These individuals have a very high need for affection and attention. Their tendency to feel rejected by others often leads to hostility and conflict, which only exacerbates their feelings of being alienated from others.

The self-concept of these individuals is frequently very poor. They are likely to feel insecure, isolated, rejected, and unwanted. They are threatened by a world which they view as hostile and dangerous.

The interpersonal relationships of these individuals are often marked by conflict, distrust, defensiveness, a lack of empathy, and a strong tendency to be manipulative. These individuals often lack basic social skills and tend to be socially withdrawn and isolated. They see their family as uncaring and critical. They view their home life as being unpleasant.

resistant to psychological interpretations and treatment, and any form of psychological intervention will be difficult. These individuals often look for simplistic, concrete solutions to their problems -- solutions that do not require self-examination. Individuals who obtain elevated scores on this scale are unlikely to be seen as psychotic.

**Pa (4) T = 25**

Scores in this range are typically obtained by individuals who are characterized as angry, belligerent, rebellious, resentful of rules and regulations, and hostile toward authority figures. These individuals are likely to be impulsive, unreliable, egocentric, and irresponsible. They often have little regard for social standards. They often show poor judgment and seem to have difficulty planning ahead and benefiting from their previous experiences. They make good first impressions but long term relationships tend to be rather superficial and unsatisfying. Analysis of the Content Scales and/or the Harris-Lingoes Subscales may facilitate interpretation of scores within this range.

**Pf (5) T = 20**

Scores in this range are typical for males described as passive, inner-directed, and having aesthetic and artistic interests. They generally do not identify with the traditional masculine role.

**Pa (6) T = 12**

Scores in this range are frequently obtained by 1) individuals who are suspicious, hostile, and feel as if they are being mistreated, or by 2) individuals who are hypersensitive to the reactions of others. The Dominance (Do) Scale is helpful in distinguishing between these groups of individuals -- high Do scores indicating the first group and low Do scores indicating the second group. Individuals in both groups will often blame others for their difficulties. The first group of individuals may manifest psychotic behavior and a thought disorder may be readily apparent. Ideas of reference and delusions of persecution also may be present.

**Pt (7) T = 22**

Scores in this range are typically obtained by individuals who are worried, anxious, tense, and experiencing emotional discomfort. They may experience irrational fears and typically minimize about their problems. Disabling guilt feelings may be present. Agitation may develop. These individuals worry excessively and may have problems in concentration. Obsessions and compulsions are common.

2. INITIAL OPERATIVE REPORT:

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30 (2) 75

Scores in this range are suggestive of serious psychopathology including confused thinking, distorted perceptions and other psychotic processes. Difficulties in logic and concentration, impaired judgment, and the presence of a thought disorder should be evaluated. Be sure that measures of consistency and accuracy of item endorsement are within acceptable ranges.

Mat (9) 7 = 65

scores in this range typically are obtained by individuals who are described as overactive, have difficulties in concentrating and attending, and find it difficult to relax. They often are quite creative people who start many projects but find it difficult to see them through to completion. As the elevation on this scale increases, there is the increasing probability that the individual is likely to be seen as emotionally labile, impulsive, experiencing fright of losses, restless, and exhibiting manic features. They may also exhibit maladaptive hyperactivity, grandiosity, verbosity, irritability, unpredictability, and insufficient inhibitory capacities.

93 000 7 000

Scores in this range usually are obtained by individuals who prefer to be alone or with a small group of friends. They are likely to be reserved in new social situations.

## ADDITIONAL SCALES

24. The following cases were referred to the Commission by the Board:

END OF REPORT  
\*\*\*\*\*

N610

## ALABAMA DEPARTMENT OF CORRECTIONS

## RECEIVING SCREENING FORM

Inmate's Name: Wright, Richard Date: 3/4/05 Time: 1:15 PM  
 DOB: 8/15/67 Officer: [Signature] Institution: VCF

Receiving Officer's Visual Opinion

- |   | Yes       | No        |
|---|-----------|-----------|
| 1. Is the inmate conscious?   | <u>/</u>  | <u>  </u> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?                       | <u>  </u> | <u>/</u>  |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?                         | <u>  </u> | <u>/</u>  |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?       | <u>  </u> | <u>/</u>  |
| 5. Is the skin in poor condition or show signs of vermin or rashes?   | <u>  </u> | <u>/</u>  |
| 6. Does the inmate appear to be under the influence of alcohol or drugs?  | <u>  </u> | <u>/</u>  |
| 7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)           | <u>  </u> | <u>/</u>  |
| 8. Is the inmate making any verbal threats to staff or other inmates?   | <u>  </u> | <u>/</u>  |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? | <u>  </u> | <u>/</u>  |
| 10. Does the inmate have any obvious physical handicaps?  | <u>  </u> | <u>/</u>  |

*If the answer is YES to any questions from 2-10 above, specify WHY in section below.*

- |   |           |          |
|---|-----------|----------|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <u>  </u> | <u>/</u> |
| 12. Are you on any special diet prescribed by a physician? (if YES, what type?)   | <u>  </u> | <u>/</u> |
| 13. Do you have a history of venereal disease or abnormal discharge?  | <u>  </u> | <u>/</u> |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?   | <u>  </u> | <u>/</u> |
| 15. Have you ever attempted suicide?  | <u>  </u> | <u>/</u> |
| (If YES, When? _____ How? _____)  |           |          |
| 16. Do you want to do any harm to yourself now?   | <u>  </u> | <u>/</u> |

# **Bullock Co. Corrections** (INSTITUTION) **SEGREGATION UNIT RECORD SHEET**

INMATE NAME: Richard Wright  
 VIOLATION OR REASON: 31 Assault on another inmate  
 DATE & TIME RECEIVED: 11-3-87 @ 10:40 pm  
 PERTINENT INFORMATION:

AIS NO: B107120 CELL: # 197  
 ADMITTANCE AUTHORIZED BY: Lt. Baker  
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
7/5	MORN	Y			N	N				
	DAY		Y		N	N				
	EVE			Y	N	N				
MON										
8/5	MORN	Y			N	N				
	DAY		Y		N	N				
	EVE			Y	N	N				
TUE										
9/5	MORN	Y			N	N				
	DAY		Y		N	N				
	EVE			Y	N	N				
WED										
10/5	MORN	Y			N	N				
	DAY		Y		N	N				
	EVE			Y	N	N				
THUR										
11/5	MORN	Y			N	N				
	DAY		Y		N	N				
	EVE			Y	N	N				
FRI										
12/5	MORN	Y			N	N				
	DAY		Y		N	N				
	EVE			Y	N	N				
SAT										
15	MORN	Y			N	N				
	DAY		Y		N	N				
	EVE			Y	N	N				

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.  
 Meals/ SH: Shower- Yes (Y); No (N); Refused (R)  
 Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.  
 Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard WrightSERIAL NO: B187140CELL: 19 TVIOLATION: #31

ADMITTANCE

OR REASON: Assault on another InmateAUTHORIZED BY: Lt. Balers

DATE &amp; TIME

DATE &amp; TIME

RECEIVED: 11/3/05 @ 10:40 P.M.

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/2/05	MORN	Y			N	N	Refused	N	0 med	M. Fitzpatrick, COI
	DAY	Y			N	Refused	Refused	N	0 med	J. Hall, COI
	EVE			Y	N	N	Refused	N	0 med	J. Johnson, COI
Mon.	MORN	Y			N	N	Refused	N	0 med	B. Holmes, COI
2/22/05	DAY	Y			N	N	Refused	N	0 med	J. Hall, COI
	EVE			Y	N	N	Refused	N	0 med	C. O'Hara, COI
2/23/05	MORN	Y			N	N	Refused	N	0 med	B. Holmes, COI
	DAY	Y			N	N	Refused	N	0 med	J. Hall, COI
	EVE			Y	N	N	Refused	N	0 med	J. Johnson, COI
Wed	MORN	Y			N	N	Refused	N	0 med	M. Fitzpatrick, COI
2/24/05	DAY	Y			N	N	Refused	N	0 med	J. Hall, COI
	EVE			Y	N	N	Refused	N	0 med	Penniston, COI
Thur.	MORN	Y			N	N	Refused	N	0 med	H. Johnson, COI
2/25/05	DAY	Y			N	N	Refused	N	0 med	J. Hall, COI
	EVE			Y	N	N	Refused	N	0 med	C. O'Hara, COI
Fri.	MORN	Y			N	N	Refused	N	0 med	C. O'Hara, COI
2/26/05	DAY	Y			N	N	Refused	N	0 med	C. O'Hara, COI
	EVE			Y	N	N	Refused	N	0 med	C. O'Hara, COI
Sat	MORN	Y			N	N	Refused	N	0 med	C. O'Hara, COI
2/27/05	DAY	Y			N	N	Refused	N	0 med	C. O'Hara, COI
	EVE			Y	N	N	Refused	N	0 med	C. O'Hara, COI
Sun	MORN	Y			N	N	Refused	N	0 med	C. O'Hara, COI

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower - Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature; OIC must sign all record sheets each shift.



## SPECIAL NEEDS COMMUNICATION FORM

Date: 2/1/05

To: Inmate

From: Medical

Inmate Name: Wright Richard ID#: 187140

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

Comments:

Benzoyl Peroxide x 20 days.  
Expired 3/17/05

Date: 2/1/05 MD Signature: Dr. Siddiq / Bobley Time: 2100

## Bullock Co. Corrections

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright  
 VIOLATION<sup>31</sup> OR REASON: Assault on Another Inmate  
 DATE & TIME RECEIVED: 11/3/04 10:40 P.M.  
 PERTINENT INFORMATION: \_\_\_\_\_

AIS NO: B/187140 CELL: # 19 T  
 ADMITTANCE AUTHORIZED BY: L. Babers  
 DATE & TIME RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2-14-05	MORN	Y			N	N	Blaguer	N	0 meds	H. Johnson, Col
	DAY		Y		N	N	Blaguer	N	0 meds	H. Johnson, Col
	EVE			Y	N	N	Blaguer	N	0 meds	H. Johnson, Col
MON										
2-15-05	MORN	Y			N	N	Blaguer	N	0 meds	B. H. Hays, Col
	DAY	Y	Y		N	N	Blaguer	N	0 meds	B. H. Hays, Col
	EVE			Y	N	N	Blaguer	N	0 meds	B. H. Hays, Col
TUE										
2-16-05	MORN	Y			N	N	Blaguer	N	0 meds	C. Young, Col
	DAY	Y	Y		N	N	Blaguer	N	0 meds	C. Young, Col
	EVE			Y	N	N	Blaguer	N	0 meds	C. Young, Col
WED										
2-17-05	MORN	Y			N	N	Blaguer	N	0 meds	C. Young, Col
	DAY	Y	Y		N	N	Blaguer	N	0 meds	C. Young, Col
	EVE			Y	N	N	Blaguer	N	0 meds	C. Young, Col
THUR										
2-18-05	MORN	Y			N	N	Blaguer	N	0 meds	H. Johnson, Col
	DAY	Y	Y		N	N	Blaguer	N	0 meds	H. Johnson, Col
	EVE			Y	N	N	Blaguer	N	0 meds	H. Johnson, Col
FRI										
2-19-05	MORN	N			N	N	Blaguer	N	0 meds	C. Young, Col
	DAY	Y	Y		N	N	Blaguer	N	0 meds	C. Young, Col
	EVE			Y	N	N	Blaguer	N	0 meds	C. Young, Col
SAT										
2-20-05	MORN	N			N	N	Blaguer	N	0 meds	H. Johnson, Col
	DAY	Y	Y		N	N	Blaguer	N	0 meds	H. Johnson, Col
	EVE			Y	N	N	Blaguer	N	0 meds	H. Johnson, Col
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

**Bullock Co. Corrections**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

INMATE NAME:

*Richard Wright*VIOLATION  
OR REASON:*31 Assault on another inmate*DATE & TIME  
RECEIVED:*2-3-05 @ 10:10 PM*PERTINENT  
INFORMATION:

AIS NO:

*B187148*

CELL: #

*191*  
*187*ADMITTANCE  
AUTHORIZED BY:*A. Pabres*DATE & TIME  
RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
<i>2/1/05</i>	MORN	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>R. Ellis, COI</i>
	DAY	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>R. Ellis, COI</i>
	EVE	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Ref. tyland</i>	<i>R. Ellis, COI</i>
<b>MON</b>										
<i>2/1/05</i>	MORN	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	DAY	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	EVE	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
<b>TUE</b>										
<i>2/2/05</i>	MORN	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	DAY	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	EVE	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
<b>WED</b>										
<i>2/3/05</i>	MORN	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	DAY	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	EVE	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
<b>THUR</b>										
<i>2/4/05</i>	MORN	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	DAY	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	EVE	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
<b>FRI</b>										
<i>2/5/05</i>	MORN	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	DAY	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	EVE	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
<b>SAT</b>										
<i>2/6/05</i>	MORN	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	DAY	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
	EVE	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Refused Meds</i>	<i>M. Patrick, COI</i>
<b>SUN</b>										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Bullock Co. Corrections

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME:

*Richard Wright*

AIS NO.:

*B107140*

CELL: #

*157*VIOLATION  
OR REASON:*31 meals on other inmate*

ADMITTANCE

AUTHORIZED BY:

*H. J. Peters*DATE & TIME  
RECEIVED:*11-3-24 @ 10:30*

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
<i>1/24/05</i>	MORN	<i>Y</i>			<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>H. Johnson, Col</i>
	DAY		<i>Y</i>	<i>Y</i>	<i>N</i>	<i>Refused</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>W. Maldon, Col</i>
	EVE		<i>Y</i>	<i>Y</i>	<i>N</i>	<i>Refused</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>W. Maldon, Col</i>
<b>MON</b>										
<i>1/25</i>	MORN	<i>Y</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>Col. K. Ellis</i>
	DAY	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>Refused</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>W. Maldon, Col</i>
	EVE	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>NC</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>W. Maldon, Col</i>
<b>TUE</b>										
<i>1/26</i>	MORN	<i>Y</i>	<i>Y</i>		<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>B. Hahn, Col</i>
	DAY	<i>Y</i>	<i>Y</i>		<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>S. Smart, Col</i>
	EVE		<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>W. Maldon, Col</i>
<b>WED</b>										
<i>1/27</i>	MORN	<i>Y</i>			<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>H. Johnson, Col</i>
	DAY		<i>N</i>		<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>H. Johnson, Col</i>
	EVE		<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>H. Johnson, Col</i>
<b>THUR</b>										
<i>1/28</i>	MORN	<i>Y</i>			<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>W. Maldon, Col</i>
	DAY	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>N</i>	<i>Canceled</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>W. Maldon, Col</i>
	EVE		<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>W. Maldon, Col</i>
<b>FRI</b>										
<i>1/29</i>	MORN	<i>N</i>	<i>Y</i>		<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>G. Hahn, Col</i>
	DAY	<i>N</i>	<i>Y</i>		<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>G. Hahn, Col</i>
	EVE		<i>Y</i>	<i>Y</i>	<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>G. Hahn, Col</i>
<b>SAT</b>										
<i>1/30</i>	MORN	<i>N</i>			<i>N</i>	<i>N</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>B. Hahn, Col</i>
	DAY	<i>N</i>			<i>N</i>	<i>Refused</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>B. Hahn, Col</i>
	EVE		<i>Y</i>	<i>Y</i>	<i>N</i>	<i>Refused</i>	<i>Med</i>	<i>N</i>	<i>Med</i>	<i>B. Hahn, Col</i>
<b>SUN</b>										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



# SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright

AIS NO: B1187140 CELL: # 157

VIOLATION # 31  
OR REASON: Assault on Another Inmate

ADMITTANCE AUTHORIZED BY: Lt. Babers

DATE & TIME RECEIVED: 11/13/04 10:40 P.M.

DATE & TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
11/10	MORN	Y			N	N	Handing	N	0 meals	H. Johnson, Col
	DAY	N	N		N	N	Handing	N	0 meals	H. Johnson, Col
	EVE			Y	N	N	Handing	N	0 meals	H. Johnson, Col
11/11	MORN	Y			N	N	Handing	N	0 meals	B. Holmes, Col
	DAY	N	N		N	Refused	Handing	N	0 meals	B. Holmes, Col
	EVE			Y	Y	Refused	Handing	N	0 meals	B. Holmes, Col
11/12	MORN	Y			N	N	Handing	N	0 meals	C. Huang, Col
	DAY	N	N		N	N	Handing	N	0 meals	C. Huang, Col
	EVE			Y	N	N	Handing	N	0 meals	C. Huang, Col
11/13	MORN	Y			N	N	Handing	N	0 meals	W. Johnson, Col
	DAY	N	N		N	N	Handing	N	0 meals	W. Johnson, Col
	EVE			Y	N	N	Handing	N	0 meals	W. Johnson, Col
11/14	MORN	Y			N	N	Handing	N	0 meals	H. Johnson, Col
	DAY	N	N		N	N	Handing	N	0 meals	H. Johnson, Col
	EVE			Y	N	N	Handing	N	0 meals	H. Johnson, Col
11/15	MORN	Y			N	N	Handing	N	0 meals	E. J. Johnson, Col
	DAY	N	N		N	N	Handing	N	0 meals	E. J. Johnson, Col
	EVE			Y	N	N	Handing	N	0 meals	E. J. Johnson, Col
11/16	MORN	Y			N	N	Handing	N	0 meals	C. Huang, Col
	DAY	N	N		N	N	Handing	N	0 meals	C. Huang, Col
	EVE			Y	N	N	Handing	N	0 meals	C. Huang, Col
11/17	MORN	Y			N	N	Handing	N	0 meals	H. Johnson, Col
	DAY	N	N		N	N	Handing	N	0 meals	H. Johnson, Col
	EVE			Y	N	N	Handing	N	0 meals	H. Johnson, Col



## Jullcock Co. Corrections

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME:

VIOLATION  
OR REASON:DATE & TIME  
RECEIVED:PERTINENT  
INFORMATION:

AIS NO:

ADMITTANCE  
AUTHORIZED BY:DATE & TIME  
RELEASED:

CELL: #

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/17	MORN	N			N	N	Phlegm	N	meds	B. Johnson, COI
	DAY	Y			N	N	Km	N	meds	
	EVE				N	N	1st floor	N	meds	
MON										
11/18	MORN	Y			N	N	meds	N	meds	M. Fitzpatrick, COI
	DAY		N		N	N	Phlegm	N	meds	
	EVE			Y	N	N	Phlegm	N	meds	
TUE										
11/19	MORN	Y			N	N	Phlegm	N	meds	M. Fitzpatrick, COI
	DAY		N		N	N	Phlegm	N	meds	
	EVE			Y	N	N	Phlegm	N	meds	
WED										
11/20	MORN	Y			N	N	Phlegm	N	meds	M. Fitzpatrick, COI
	DAY		N	X	N	N	Phlegm	N	meds	
	EVE			Y	N	N	Phlegm	N	meds	
THUR										
11/21	MORN	Y			N	N	Phlegm	N	meds	M. Fitzpatrick, COI
	DAY		N		N	N	Phlegm	N	meds	
	EVE			Y	N	N	Phlegm	N	meds	
FRI										
11/22	MORN	N			N	N	Phlegm	N	meds	B. Johnson, COI
	DAY	Y			N	N	Phlegm	N	meds	
	EVE				N	N	Phlegm	N	meds	
SAT										
11/23	MORN	N			N	N	Phlegm	N	meds	B. Johnson, COI
	DAY	Y			N	N	Phlegm	N	meds	
	EVE			Y	N	N	Phlegm	N	meds	
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,  
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments  
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



## SPECIAL NEEDS COMMUNICATION FORM

Date: 1/25/05

To: Elmado

From: Bullock Correctional / HCA

Inmate Name: WRIGHT, Richard ID#: 187140

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

**Comments:**

Apply antifungal cream to affected  
area(s) x 20 days. Expires 2/15/05. Keep  
OP Person

Date: 1/25/05 MD Signature: Dr. Siddig / C. Dezf Time: 0930



**Bullock Co. Corrections**

(INSTITUTION)

**SEGREGATION UNIT RECORD SHEET**

INMATE NAME:

*Richard Wright*

AIS NO:

*B/187140*

CELL: #

*4151*VIOLATION#  
OR REASON:*31-ASSAULT ON ANOTHER INMATE*

ADMITTANCE

AUTHORIZED BY:

*H. Babers*

DATE &amp; TIME

RECEIVED:

*11/3/04 10:40 p.m.*

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
<i>11/3</i>	MORN	<i>Y</i>			<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>0 med</i>	<i>Julia Ellsby</i>
	DAY		<i>N</i>		<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>N</i>	<i>0 med</i>	
	EVE			<i>Y</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>ND</i>	<i>0 med</i>	
<i>MON</i>										
<i>11/4</i>	MORN	<i>Y</i>			<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>0 med</i>	<i>Julia Ellsby</i>
	DAY		<i>N</i>		<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>N</i>	<i>0 med</i>	
	EVE			<i>Y</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>ND</i>	<i>0 med</i>	
<i>TUE</i>										
<i>11/5</i>	MORN	<i>Y</i>			<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>0 med</i>	<i>B. Adams, Col</i>
	DAY		<i>N</i>		<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>0 med</i>	
	EVE			<i>Y</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>ND</i>	<i>0 med</i>	
<i>WED</i>										
<i>11/6</i>	MORN	<i>Y</i>			<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>0 med</i>	<i>Wm J. Patterson, Col</i>
	DAY		<i>N</i>		<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>N</i>	<i>0 med</i>	
	EVE			<i>Y</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>ND</i>	<i>0 med</i>	
<i>THUR</i>										
<i>11/7</i>	MORN	<i>Y</i>			<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>0 med</i>	<i>C. Young, Col</i>
	DAY		<i>N</i>		<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>N</i>	<i>0 med</i>	
	EVE			<i>Y</i>	<i>NO</i>	<i>NO</i>	<i>NO</i>	<i>ND</i>	<i>0 med</i>	
<i>FRI</i>										
<i>11/8</i>	MORN	<i>N</i>			<i>N</i>	<i>N</i>	<i>NO</i>	<i>N</i>	<i>0 med</i>	<i>C. Young, Col</i>
	DAY		<i>N</i>		<i>N</i>	<i>N</i>	<i>NO</i>	<i>N</i>	<i>0 med</i>	
	EVE			<i>Y</i>	<i>N</i>	<i>N</i>	<i>NO</i>	<i>ND</i>	<i>0 med</i>	
<i>SAT</i>										
<i>11/9</i>	MORN	<i>N</i>			<i>N</i>	<i>N</i>	<i>NO</i>	<i>N</i>	<i>0 med</i>	<i>E. Williams, Col</i>
	DAY		<i>N</i>		<i>N</i>	<i>N</i>	<i>NO</i>	<i>N</i>	<i>0 med</i>	
	EVE			<i>Y</i>	<i>N</i>	<i>N</i>	<i>NO</i>	<i>ND</i>	<i>0 med</i>	
<i>SUN</i>										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Bullock Co. Corrections

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME:

Richard Wright

AIS NO:

B/187140

CELL: #

4VIOLATION  
OR REASON:#31 - ASSAULT ON ANOTHER INMATE

ADMITTANCE

AUTHORIZED BY:

Lt. Babers

DATE &amp; TIME

RECEIVED:

11/3/04 10:40 p.m.

DATE &amp; TIME

RELEASED:

PERTINENT  
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/20	MORN	Y			N	N	Refused	N	Refused med	Julia E. Ellis
	DAY	Y	N		N	R	Refused	WEAB	Refused	Julia E. Ellis
	EVE	Y		R	N	N	Refused	N	Refused	Julia E. Ellis
MON										
12/21	MORN	R			N	N	Refused	N	Refused med	B. Holmes, COI
	DAY		N		N	Refused	Refused	N	Refused med	Jameson, COI
	EVE			N	Y	N	Refused	N	Refused med	Jameson, COI
TUE										
12/22	MORN	R			N	N	Refused	N	Refused	Julia E. Ellis
	DAY		N		N	Refused	Refused	N	Refused	Julia E. Ellis
	EVE			Y	N	N	Refused	N	Refused	Julia E. Ellis
WED										
12/23	MORN	Y			N	N	Refused	N	Refused	C. Young, COI
	DAY	Y	N		N	N	Refused	N	Refused	C. Young, COI
	EVE			Y	Y	N	Refused	N	Refused	C. Young, COI
THUR										
12/24	MORN	Y			N	N	Refused	N	Refused	Julia E. Ellis
	DAY	Y			N	Cancelled	Refused	N	Refused	S. Smart, COI
	EVE	Y		Y	N	N	Refused	N	Refused	Summers, COI
FRI										
12/25	MORN	N			N	N	Refused	N	Refused	C. Young, COI
	DAY	Y	N		N	N	Refused	N	Refused	Young, COI
	EVE	Y		Y	Y	N	Refused	N	Refused	Young, COI
SAT										
12/26	MORN	N			N	N	Refused	N	Refused	C. Young, COI
	DAY	Y	N		N	R	Refused	N	Refused	C. Young, COI
	EVE	Y		Y	Y	N	Refused	N	Refused	C. Young, COI
SUN										

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)**Medical:** Physician will sign each time the inmates is seen.**Psych:** Psychological Counselor will sign each time the inmate is seen.**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.**OIC Signature:** OIC must sign all record sheets each shift.



# SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright  
 VIOLATION <sup>31</sup> OR REASON: Assault on Another Inmate  
 DATE & TIME RECEIVED: 11/3/04 10:40 P.M.  
 PERTINENT INFORMATION: \_\_\_\_\_

AVIS NO: B1187140 CELL: # 4  
 ADMITTANCE AUTHORIZED BY: Lt. Babers  
 DATE & TIME RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/27	MORN	Y			N	N	OK med	N	OK med	D. Johnson, COI
	DAY		N		N	N	OK med	N	OK med	D. Johnson, COI
	EVE			Y	N	N	OK med	N	OK med	D. Johnson, COI
MON										
12/28	MORN	Y			N	N	OK med	N	OK med	Julia Elliot, COI
	DAY		N		N	N	OK med	N	OK med	Julia Elliot, COI
	EVE			Y	N	N	OK med	N	OK med	Julia Elliot, COI
TUE										
12/29	MORN	Y			N	N	OK med	N	OK med	C. Young, COI
	DAY		N		N	N	OK med	N	OK med	C. Young, COI
	EVE			Y	N	N	OK med	N	OK med	C. Young, COI
WED										
12/30	MORN	Y			N	N	OK med	N	OK med	Det. J. Patrick, COI
	DAY		N		N	N	OK med	N	OK med	Det. J. Patrick, COI
	EVE			Y	N	N	OK med	N	OK med	Det. J. Patrick, COI
THUR										
12/31	MORN	Y			N	N	OK med	N	OK med	Det. J. Patrick, COI
	DAY		N		N	N	OK med	N	OK med	Det. J. Patrick, COI
	EVE			Y	N	N	OK med	N	OK med	Det. J. Patrick, COI
FRI										
1/1	MORN	Y			N	N	OK med	N	OK med	Det. J. Patrick, COI
	DAY		N		N	N	OK med	N	OK med	Det. J. Patrick, COI
	EVE			Y	N	N	OK med	N	OK med	Det. J. Patrick, COI
SAT										
1/2	MORN	Y			N	N	OK med	N	OK med	Det. J. Patrick, COI
	DAY		N		N	N	OK med	N	OK med	Det. J. Patrick, COI
	EVE			Y	N	N	OK med	N	OK med	Det. J. Patrick, COI
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



# SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright  
 VIOLATION # 31 - ASSAULT ON ANOTHER INMATE  
 OR REASON: 11/3/04 10:40 p.m.  
 DATE & TIME RECEIVED: 11/3/04 10:40 p.m.  
 PERTINENT INFORMATION:

AIS NO: B/187140 CELL: # 4  
 ADMITTANCE AUTHORIZED BY: H. BASERS  
 DATE & TIME RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
12/13	MORN	Y			NO	NO	NO	NO	2 meals	Julia Ellington F. Russell, Col D. Davis, COT
	DAY		N		NO	R	NO	NO	6 meals	
	EVE			Y	NO	NO	NO	NO	2 meals	
MON										
12/14	MORN	Y			NO	NO	NO	NO	2 meals	Julia Ellington F. Russell, Col D. Davis, COT
	DAY		N		NO	R	NO	NO	6 meals	
	EVE			Y	NO	NO	NO	NO	2 meals	
TUE										
12/15	MORN	Y			NO	NO	NO	NO	2 meals	Julia Ellington F. Russell, Col D. Davis, COT
	DAY		N		NO	R	NO	NO	6 meals	
	EVE			Y	NO	NO	NO	NO	2 meals	
WED										
12/16	MORN	Y			NO	NO	NO	NO	2 meals	Julia Ellington F. Russell, Col D. Davis, COT
	DAY		N		NO	R	NO	NO	6 meals	
	EVE			Y	NO	NO	NO	NO	2 meals	
THUR										
12/17	MORN	Y			NO	NO	NO	NO	2 meals	Julia Ellington F. Russell, Col D. Davis, COT
	DAY		N		NO	R	NO	NO	6 meals	
	EVE			Y	NO	NO	NO	NO	2 meals	
FRI										
12/18	MORN	Y			NO	NO	NO	NO	2 meals	E. Williams, Col D. Davis, COT
	DAY		N		NO	R	NO	NO	6 meals	
	EVE			Y	NO	NO	NO	NO	2 meals	
SAT										
12/19	MORN	Y			NO	NO	NO	NO	2 meals	H. Johnson, Col S. Smart, Col D. Davis, COT
	DAY		N		NO	R	NO	NO	6 meals	
	EVE			Y	NO	NO	NO	NO	2 meals	
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

## SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright  
 VIOLATION # 3  
 OR REASON: Assault On Another Inmate  
 DATE & TIME RECEIVED: 11/3/04 10:40 PM  
 PERTINENT INFORMATION: \_\_\_\_\_

AIS NO: B187140 CELL: # 4  
 ADMITTANCE AUTHORIZED BY: Lt. Babers  
 DATE & TIME RELEASED: \_\_\_\_\_

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
2/6	MORN	Y			N	N	Yes	N	Med given	H. Johnson, Col Harris Col COT
	DAY		N		N	NO	Yes	N	Med given	
	EVE			Y	NO	NO	Bob	NO	Med given	
MON										
12/7	MORN	Y			N	N	Yes	N	Med given	M. Schepatrick Col R. Kilduff Col COT
	DAY		N		N	R	Yes	N	Med given	
	EVE			Y	N	N	Bob	N	Med given	
TUE										
12/8	MORN	Y			NO	NO	Yes	NO	Med given	Julia Ellis Col R. Kilduff Col COT
	DAY		N		N	Refused	Yes	NO	Med given	
	EVE			Y	N	N	Bob	N	Med given	
WED										
12/9	MORN	Y			NO	NO	Yes	NO	Med given	Julia Ellis Col R. Kilduff Col COT
	DAY		N		N	Refused	Yes	NO	Med given	
	EVE			Y	N	N	Bob	N	Med given	
THUR										
12/10	MORN	Y			NO	NO	Yes	NO	Med given	Julia Ellis Col R. Kilduff Col COT
	DAY		N		N	R	Yes	N	Med given	
	EVE			Y	N	N	Bob	N	Med given	
FRI										
12/11	MORN	N			N	N	Yes	N	Med given	C. Young Col Harris Col COT
	DAY	Y	N		N	R	Yes	N	Med given	
	EVE			Y	N	N	Bob	N	Med given	
SAT										
12/12	MORN	Y			N	N	Yes	N	Med given	C. Young Col S. Smart, Col Harris Col
	DAY				N	N	Yes	N	Med given	
	EVE			Y	N	N	Bob	N	Med given	
SUN										

**Pertinent Info:** i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)

**Exercise:** Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

**Medical:** Physician will sign each time the inmates is seen.

**Psych:** Psychological Counselor will sign each time the inmate is seen.

**Comments:** i.e., Conduct; Attitude, etc. \*Use reverse side for additional comments and include date, signature, and title.

**OIC Signature:** OIC must sign all record sheets each shift.

Bullock Co. Corrections

(INSTITUTION)

## SEGREGATION UNIT RECORD SHEET

INMATE NAME:

Richard Wright

AIS NO:

8/187140

CELL: #

4

VIOLATION#

OR REASON:

31-ASSAULT ON ANOTHER INMATE

ADMITTANCE

AUTHORIZED BY:

H. Gwendolyn Babers

DATE &amp; TIME

RECEIVED:

11/3/04 10:40 PM

DATE &amp; TIME

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
<u>11/29</u>	MORN	Y			NO	NO	2 Lindberg	NO	0 meds	<u>Julia Ellery</u> <u>H. Gwendolyn Babers</u> <u>Ryan, COI</u>
	DAY		N		NO	9:45-8:30	King	NO	0 meds	
	EVE			Y	N	N	V. Stas	N	0 meds	
MON										
<u>11/30</u>	MORN	Y			N	N	M. Pres	N	0 meds	<u>Julia Ellery</u> <u>H. Gwendolyn Babers</u> <u>Ryan, COI</u>
	DAY		N		N	12:00-12:45/p	V. Stas	N	0 meds	
	EVE			Y	Y	NO	King	NO	0 meds	
TUE										
<u>12/1</u>	MORN	Y			NO	NO	M. Pres	NO	0 meds	<u>Julia Ellery</u> <u>H. Gwendolyn Babers</u> <u>Ryan, COI</u>
	DAY		N		N	N	V. Stas	N	0 meds	
	EVE			Y	N	N	King	N	NO meds	
WED										
<u>12/2</u>	MORN	Y			NO	NO	M. Pres	NO	0 meds	<u>Julia Ellery</u> <u>H. Gwendolyn Babers</u> <u>Ryan, COI</u>
	DAY		N		N	Refused	V. Stas	N	0 meds	
	EVE			Y	Y	N	King	N	0 meds	
THUR										
<u>12/3</u>	MORN	Y			NO	NO	M. Pres	NO	0 meds	<u>Julia Ellery</u> <u>H. Gwendolyn Babers</u> <u>Ryan, COI</u>
	DAY		N		N	Refused	V. Stas	N	0 meds	
	EVE			Y	N	N	King	N	0 meds	
FRI										
<u>12/4</u>	MORN	N			N	N	L. Lindberg	N	0 meds	<u>H. Johnson, COI</u> <u>C. Gwendolyn Babers</u> <u>Ryan, COI</u>
	DAY	Y			N	N	V. Stas	N	0 meds	
	EVE			Y	Y	N	King	N	0 meds	
SAT										
<u>12/5</u>	MORN	N			N	N	M. Pres	N	0 meds	<u>C. Gwendolyn Babers</u> <u>H. Johnson, COI</u> <u>Ryan, COI</u>
	DAY	Y			NO	Refused	V. Stas	NO	0 meds	
	EVE			Y	R	N	Delmar	N	0 meds	
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

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OIC Signature: OIC must sign all record sheets each shift.

**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT**

Institution: <u>Prisonville</u>	<input type="checkbox"/> RTU <input checked="" type="checkbox"/> SU	Date/Time of Admission: _____
Inmate Name: <u>Wheeler, Richard</u>	AIS#: <u>187140</u>	DOB: <u>8-15-67</u>

BP <u>100/60</u>	P <u>62</u>	R <u>18</u>	HT <u>5' 11 1/2</u>	WT <u>175</u>	Allergies: <u>NKA</u>
------------------	-------------	-------------	---------------------	---------------	-----------------------

**Past Medical History**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cancer	<input type="checkbox"/> TB
<input type="checkbox"/> Seizures	<input type="checkbox"/> Peptic Ulcer	<input type="checkbox"/> Back Problems	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Stroke	
<input type="checkbox"/> COPD	<input type="checkbox"/> Congenital D/O	<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Other		

**Assistive Devices**

<input type="checkbox"/> Walker	<input type="checkbox"/> Crutches	<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Artificial Limb(s)
<input checked="" type="checkbox"/> Glasses	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Partial Dentures	<input type="checkbox"/> Upper Dentures	<input type="checkbox"/> Lower Dentures
<input type="checkbox"/> Other:				

Major Illnesses / Accidents / Surgeries / etc.

None

Current Medical Problems:

Current Medications / Dosages:

None

Medication Compliance: ☐ 100% ☐ 50% to 90% ☐ 10% to 40% ☐ 0%

Sleep Pattern: ☐ Insomnia ☒ Difficulty Falling Asleep ☐ Difficulty Waking Up ☐ Other: \_\_\_\_\_

Tobacco/Amount: None Caffeine/Amount: \_\_\_\_\_

Hygiene: ☒ Good ☐ Fair ☐ Poor Showers \_\_\_\_\_ times a week

Appetite: ☒ Good ☐ Fair ☐ Poor ☐ Appears Adequately Nourished ☐ Deficit

History of Failure to Eat / Hunger Strikes: ☒ No ☐ Yes Last Episode (explain) \_\_\_\_\_

**PSYCHIATRIC HISTORY**

Symptoms of First Psychiatric Event / Age of Onset:

None

Psychiatric Hospitalizations / Treatment / Medications / Medication Compliance:

Sent here for evaluation of Non-Compliance w/ Meds.

Side-Effects Experienced / Causative Medications:

None

History of Aggression / Acting Out Behavior: ☐ Yes ☒ No

Last Episode (explain):

ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH UNIT (RTU/SU): INITIAL NURSING ASSESSMENT

Educational Assessment

Highest Grade Completed: 12 ☐ Regular Classes ☒ Special Education  
☐ Able to Read ☐ Able to Write ☐ Able to Communicate ☐ Able to Understand Current Diagnosis  
☐ Unable to Read ☐ Unable to Write ☐ Unable to Communicate ☐ Unable to Understand Current Diagnosis

Mental Status

Age: 33 ☒ Appears Stated Age ☐ Appears Younger ☐ Appears Older  
Dress/Grooming: ☒ Appropriate ☐ Marginal ☐ Disheveled ☐ Bizarre  
Posture: ☒ Unremarkable ☐ Rigid ☐ Stooped  
Facial: ☒ Unremarkable ☐ Hostile ☐ Worried ☐ Tearful ☐ Sad  
Eyes: ☒ Unremarkable ☐ Glances Furtively ☐ Stares ☐ Poor Eye Contact  
Motor Activity: ☐ Increased ☐ Decreased ☐ Gait Unsteady ☐ Gait Rigid ☐ Gait Slow  
☐ Agitation ☐ Tremors ☐ Tics

General Attitude/Behavior: ☒ Spontaneous ☐ Preoccupied ☐ Suspicious ☐ Argumentative  
☐ Self-Destructive ☐ Withdrawn ☐ Regressed ☐ Seductive ☐ Hostile  
Mood / Affect: ☐ Flat ☐ Depressed ☐ Euphoric ☐ Apathetic ☐ Fearful ☐ Labile  
☐ Blunt ☐ Inappropriate ☐ Constricted

Speech / Communication: ☒ Normal ☐ Aphasia ☐ Slurred ☐ Rapid ☐ Mute  
☐ Flight of Ideas ☐ Confabulation ☐ Muttering ☐ Tangential ☐ Loose Associations ☒ Over Productive

Thought Content: ☒ Suicidal Thoughts/Plans ☐ Homicidal Thoughts/Plan ☐ Antisocial Attitudes  
☐ Phobias ☐ Indecisiveness ☐ Self-Derogatory ☐ Excessive Religion ☐ Bizarre ☐ Self-Pity  
☐ Assaultive Ideas ☐ Hypochondriasis ☐ Alienation ☐ Obsessive ☐ Blames Others ☐ Suspiciousness  
☐ Helplessness ☐ Inadequacy ☐ Poverty of Content ☐ Ideas of Guilt ☐ No Deficit Identified

Abstract Thinking: ☒ Unimpaired ☐ Concrete

Delusions: ☒ None ☐ Persecution ☐ Systematized ☐ Somatic ☐ Other \_\_\_\_\_

Hallucinations: ☒ None ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile

Memory: ☒ Grossly Intact ☐ Inability to Concentrate ☐ Poor Recent Memory ☐ Poor Remote Memory

Insight / Judgment: ☒ Unimpaired ☐ Poor Judgment ☐ Poor Insight

☐ Does not know reason for transfer to RTU/SU ☐ Unmotivated for Treatment

Assessment Completed by: M. Salazar, LNC Date: 6-6-01

☐ ADDITIONAL COMMENTS IN ADMISSION PROGRESS NOTES

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Inmate Name <u>Wright, Richard</u>	AIS # <u>187140</u>
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PRISON  
HEALTH  
SERVICES  
INCORPORATED

# PROGRESS NOTES

Date/Time	Inmate's Name: Wright, Richard #187140 D.O.B.: 8/15/67
7/2/05 / 9:11 a.m.	wt. 181 LBS B/p 112/80 T98.6 P58 R20 C/O blurry vision, head aches and feet pain 37 bpm for C/O no more > late Blurred vision from Hx of head trauma in Bullock CA eyes blurred in am & clearing during day ALSO C/O Bil feet pain while on feet in kitchen work no use of max Ambulator is difficult NEENT OD Extensive OS w/ glasses on order COR RRR Last Eye exam Long c/m OD 20/70 Ext @ ECC feet & fallen arches 2/05 hard callus to front Bottom feet XRAY phoned @ Soes noted @ finger nail 2/05 w/ w/ L tennis Shoes in bad shape & Bottom soles coming apart on shoes A Hx Head trauma Hx - tension Bil feet pain P/ OK for master lock X 1 yr /E 1 PR Arch support X 6 months motion 200 mg TTP B10X 90 days PRN Safety. RTC PRN 2 day 2 care 8/5/05 Chart Reviewed - in condition do not need long term Naid to -

Date/Time Inmate's Name: Wright, Richard #181140 D.O.B. 8/15/67

7-1-05/0910 Wt 170.5 B/P 120/78 P 65 R 20 T 98.8 - % "breaking out from TB skin test to ~~L~~(R) arm, chest, legs, ~~head~~ <sup>CtA</sup> % bumps to head Chunter, LPA

O) itchy all over  
after PPD skin test

no skin rash visible

(A) Allergy

h

P) Benadryl

(S) Reg. Exercise

h

7-14-05/0820 Wt 178 B/P 118/78 P 67 R 18 T 98.8 - % feet pain, request shoe insoles, request key lock <sup>P/T</sup> blurry vision, request diet to ↑ weight, % #7A Chunter, LPA

O) Normal - feet

Eye glasses - pending

Wt 178 -

P/S normal

Lungs CTA

EC - NSR

(A) vision problems -

Abd - soft no

Labs. Reviewed

P) Pending Eye glasses

(S) Reg. Exercise

h

Date/Time

Inmate's Name:

Wright, Richard 151140

6/7/05

wt. 170# B/P 130/78, P65 R18 T98.8  
c/o HA, ache, joint pain

Q) Asking for Eye glasses -  
waiting - Early  
m/s. no motor or sensory deficit  
firmus vt -  
mild facial ache.

(A) Hangering  
? HA - Myopic -

P) Benzoyl -  
Tylenol -

(A) Back and Knee Exercises  
were talked to - about glasses

for

6/21/05 1052 wt 166 1/4 lbs P77 P097% R20 T97.8 BP110/82  
Headaches / glasses

Q) RRLA / EdM.

(A) vision problems

P) I ordered to see opt. on 5/5/05

(A) Reg. Exam

for